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## **APPLICATIONS OF MONROE HEMI-SYNC® TAPES TO TREATMENT OF BEHAVIORAL DISORDERED RETARDED CLIENTS**

*by Ron Brill*

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At this point, I have been using Hemi-Sync tapes with a handful of cases at an institution for the severely and profoundly retarded, with about 1650 residents of all ages in a variety of treatment centers. About 36% of the residents are administered some form of psychotropic drug—often to aid in the control of behavioral problems. The two cases discussed here fell into that category.

The cases come from a 90-day program designed to help clients whose behavioral problems prevent them from residing in the outside community. The goal of the program is to determine the cause of their behavioral problems, to develop a plan to turn that set of behaviors around (with the help of the client's local counselors), and return the client to his local community.

Interestingly enough, the cases in which I have used Hemi-Sync with the clients have been brought to me by the staff—a few knew from conversations that I personally used some sort of audio tapes that supposedly induced relaxation. In the two cases that follow, both clients demonstrated outbursts of disruptive and attention-seeking behavior—generally in the form of extreme self-abuse which required physical restraint. The staff felt my tapes were worth a try.

I should note here that in addition to the Hemi-Sync tapes, I enlisted the aid of my wife Andrea—a psychic with the ability to do Inner Mind readings. Her readings of my clients provided some specific insights as to the causes of behavioral problems as well as how to proceed with the counseling sessions that followed the tapes.

### **CASE I - PETER**

Data: 23 years, male, IQ 60, mildly retarded, good verbal skills, limited reading/writing ability, does simple math. Both parents deceased, mother history of mental illness. Multi-problem home, he was tied to his bed his first four years. Disruptive, attention-seeking behavior characterized by: crying, disrobing, running into the street, scratching his face, pulling his hair

and banging his head on the ground. Says he's very angry with God—tore up a Bible in church. Referred to 90-day Unit for treatment.

Peter was facing long-term institutionalization. He had already spent 135 days in the Unit's 90-day program with no impact. Psychotropic drugs were being administered and Peter was still having self-destructive outbursts every 2-3 weeks; outbursts that required physical restraint.

When the staff first brought Peter to me, he was depressed, anxious, and unable to articulate well. He seemed to feel guilty about past behaviors and felt responsible for many of his problems. He was unable to feel good about himself, and unable to sleep well at night. I was given one month to work with him.

With that kind of time limitation, I didn't hesitate to ask Peter if he would listen to a Hemi-Sync tape over headphones the very first session. I suggested that it might be helpful and relax him enough to get a good night's sleep. He was very open to it and said it would be nice to feel relaxed. I started with an old Focus 10 reinforcement tape called *Systematic Body Relaxation*, which relaxes from feet to head and takes one down to Focus 10 on a spiral staircase. I selected that tape for use with clients because it is easy to relate to verbally and contains no "esoteric" language. I explained the tape to Peter beforehand so he would be prepared for the Energy Conversion Box. I mentioned that the affirmation is like a prayer and Peter went along with that.

During counseling sessions after a tape, I tried to get a feeling for who Peter was, how he felt about himself, and let him know I took what he said seriously. I learned that Peter felt very insecure about himself and felt guilty about not doing well in the past. I stressed that those actions were in the past and he didn't have to be locked in to that past. I told him he could let go of those things and recognize that he had changed for the better.

During one session, after playing the Focus 10 tape for Peter, I followed it up with a visualization exercise I had developed for use in conjunction with the *Soft and Still* Hemi-Sync tape played over open speakers. I talked Peter into a quiet place and then had him look into his childhood. I got him to recall some bad experiences and the bad feelings that went with them and then brought him forward so he could see how much better he was now. I encouraged him to leave those feelings back there and recognize who he was. Peter seemed to like this process a great deal and said it made him feel good. While talking about the future, he kept saying he wanted to walk on water. Though I took him seriously, my first response was, "So would I." I was soon to learn that this was a major piece in Peter's behavior problem puzzle.

After 6 or 7 sessions Peter was saying he felt better and was sleeping better. He showed an upturn in mood in some respects, but the issue of wanting to walk on water obviously had some tremendous significance. Peter attended the Pentacostal Church back home, and had

gotten fairly close to the preacher. The two talked about Peter's problems; the preacher's religious interpretations were taken by Peter to mean he was guilty in the sight of God.

About that time, I went to my wife Andrea for an "Inner Mind" reading of Peter. She sensed, first of all, a gratitude from Peter for the relaxation he got from the tapes and the fact that I was willing to listen to him and treat him with respect as a human being. I asked what I should do to continue to help Peter. I was told to continue to use the tapes and to help Peter unravel the knots, discuss his questions, and help him realize the relaxed feeling he got from the tapes could be applied to the things that upset him. Peter was beginning to believe he was an OK person, and that should be encouraged. I asked about the religious issue. Andrea saw Peter carrying a cross much bigger than he could bear with a sense of responsibility and guilt. Religion became the focus of our conversations for the rest of the month.

I began to see some of the conclusions Peter had drawn about himself...If he could walk on water, then he was perfect in the sight of God. That was Peter's utmost desire—and only if he was perfect would he be a "good" person. Since he couldn't walk on water, he was not perfect, and therefore could not consider himself good. As a result, he was very angry with God for not letting him be perfect. That was why he tore up the Bible in church.

I told Peter that God doesn't make us perfect, but takes us by the hand and leads us through experiences by which we learn and become better and better. Peter clung to what the preacher had told him, so I gave him some alternative ways of looking at things. I said that simply being in the special Unit was one of God's ways of taking him by the hand and giving him the opportunity to make positive changes. Wasn't he beginning to sleep better and feel better about himself? Positive changes like that were certainly steps toward the goal of perfection that everyone was seeking. Peter could accept that. I assured him I would also like to walk on water—and fly, for that matter—but I had a long way to go before I reached perfection, too.

Within the month, and a total of 13 tape/counseling sessions, Peter's outbursts had ceased. He went back to a group home in his community and has been there for almost a year. He still has occasional outbursts but the frequency and severity are greatly reduced. I sent Peter a copy of the tape and the group home got him a tape player and encouraged him to use it. The staff realized that something happened with Peter at the Special Unit and was willing to support his continued progress. At one point, Peter broke the tape; a number of other things got broken during that outburst and Peter didn't seem to attach any significance to breaking the tape. They asked for another tape and I sent it. One problem seems to be that the local psychologist who also knew Peter before is neither changing his attitude toward Peter nor supporting Peter's new outlook.

## **CASE TWO - SUSAN**

Data: 35 years, female, mildly retarded, excellent receptive language skills, speech difficult to understand, does simple addition and subtraction on fingers. Institutionalized from the ages of 15 to 27. Self-destructive outbursts similar to Peter's, but instead of just being angry with God, Susan was angry with everybody. Referred to 90-day Unit for treatment.

Like Peter, Susan was a problem case. Her stay in the 90-day program had been extended to over 4 months. Despite psychotropics, her outbursts (which had begun at the age of 6) continued to take place about once a month, lasted two or three days, and required physical restraint.

I had two months to work with Susan and positive changes were dramatic after 6 or 7 sessions with the *Systematic Body Relaxation* Focus 10 tape. She went from disliking the staff to liking them and allowing them to help her. She progressed from a totally negative self-concept to feeling good about herself and saying things like, "I feel alive" and "I'm so happy." She reported better sleep and feeling more relaxed. She began to show a sense of humor. She was ready and willing to return to her group home. The tantrum behavior stopped except for one episode when another client was, in fact, picking on her. Susan's thorazine medication was greatly reduced.

Andrea's inner mind readings of Susan had indicated Susan had chronic tension stemming from blocking her emotions and a lack of acceptance of her father's death. I used this information in the counseling sessions, helped her come to terms with her father's death, and used the tape to let her open up to her blocked emotional energy.

Susan is now back in a group home located near her sister's house. She is working in a sheltered workshop, continues to use the tape I gave her, and has not had a single outburst since she left the special Unit.

## **CONCLUSIONS**

I feel Hemi-Sync was instrumental in these two cases. Using Hemi-Sync tapes should not be just a mechanical process, but a human process that is incorporated into our therapy. It's very important that Hemi-Sync can be used with clients on medication. The Hemi-Sync signals on the tapes are appropriate, but not all the language on the currently available tapes is appropriate. Hemi-Sync has opened doors for these clients that might never have been opened otherwise.

The Special Unit's staff is now willing to consider the use of Hemi-Sync, because they were ready to give up in the two cases cited. The institution staff as a whole is composed of dye-in-the-wool behaviorists. However, as some kind of vote of confidence, they allowed me to order

four tape players and headphones. I am now working with other psychologists there who are interested in using Hemi-Sync with a variety of retarded clients who have a variety of problems.

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